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### Appendix 14 Removable Prosthodontic Services

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Complete Dentures (including routine post-delivery care):</i></b>				
<b>05110</b>	Complete denture - maxillary	Yes	All	Allowed once per five years.***@
<b>05120</b>	Complete denture - mandibular	Yes	All	Allowed once per five years.***@
<b><i>Partial Dentures (including routine post-delivery care):</i></b>				
<b>05211</b>	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	Yes	All	Allowed once per five years.***@
<b>05212</b>	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	Yes	All	Allowed once per five years.***@
<b>W7127</b>	Upgraded upper partial denture (including any conventional clasps, rests, and teeth)	Yes	All	Allowed once per five years.***@  <i>No dentist is obligated to provide this service.</i>
<b>W7128</b>	Upgraded lower partial denture (including any conventional clasps, rests, and teeth)	Yes	All	Allowed once per five years.***@  <i>No dentist is obligated to provide this service.</i>
<b><i>Repairs to Complete Dentures:</i></b>				
<b>05510</b>	Repair broken complete denture base	No	All	Combined maximum reimbursement limit per six months for repairs.  Requires modifier (UU=Upper, LL=Lower).

**Key:**

- \*\*\* - Frequency limitation may be exceeded in exceptional circumstances.
- @ - Healing period of six weeks required after last extraction prior to taking impressions for dentures, unless shorter period approved in prior authorization.

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**Removable Prosthodontic Services**  
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Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>05520</b>	Repair missing or broken teeth - complete denture (each tooth)	No	All	Combined maximum reimbursement limit per six months for repairs.  Requires modifier (UU=Upper, LL=Lower.)
<b><i>Repairs to Partial Dentures:</i></b>				
<b>05610</b>	Repair resin denture base	No	All	Limited to once per day.  Combined maximum reimbursement limit per six months for repairs.  Requires modifier (UU=Upper, LL=Lower).
<b>05620</b>	Repair cast framework	No	All	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower).
<b>05630</b>	Repair or replace broken clasp	No	All	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower).
<b>05640</b>	Replace broken teeth - per tooth	No	All	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower).
<b>05650</b>	Add tooth to existing partial denture	No	All	Combined maximum reimbursement limit per six months for repairs. Requires modifier (UU=Upper, LL=Lower).

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Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>05660</b>	Add clasp to existing partial denture	No	All	Combined maximum reimbursement limit per six months for repairs.  Requires modifier (UU=Upper, LL=Lower).
<b><i>Denture Reline Procedures:</i></b>				
<b>05750</b>	Reline complete maxillary denture (laboratory)	Yes	All	Allowed once per three-year period.***
<b>05751</b>	Reline complete mandibular denture (laboratory)	Yes	All	Allowed once per three-year period.***
<b>05760</b>	Reline maxillary partial denture (laboratory)	Yes	All	Allowed once per three-year period.***
<b>05761</b>	Reline mandibular partial denture (laboratory)	Yes	All	Allowed once per three-year period.***
<b><i>Maxillofacial Prosthetics:</i></b>				
<b>05932</b>	Obturator prosthesis, definitive	Yes	All	Allowed once per six months.***
<b>05955</b>	Palatal lift prosthesis, definitive	Yes	All	Allowed once per six months.***
<b>05999</b>	Unspecified maxillofacial prosthesis, by report	Yes	All	For medically necessary removable prosthodontic procedures not covered in Appendix 14.  Lab bills and narrative required.

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### Removable Prosthodontic Services

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#### COVERED SERVICES

<b>FREQUENCY LIMITATIONS</b>	Removable prosthodontic services are limited to one new full or partial denture per five years unless unusual circumstances are documented with the prior authorization (PA) request.
<b>LIFE EXPECTANCY OF PROSTHESIS</b>	<p>Generally, given reasonable care and maintenance, a prosthesis should last at least five years.</p> <p>Unusual circumstances must be documented in the PA request to allow the DHFS to override the five-year limitation. Providers and recipients cannot expect to receive approval for a replacement prosthesis without adequate justification and documentation.</p>
<b>DENTURE INSTRUCTIONS TO RECIPIENTS</b>	As part of any removable prosthetic service, dentists are expected to instruct the recipient on the proper care of the prostheses. Six months of post-insertion follow-up care is included for complete and partial dentures and relining complete and partial dentures.
<b>LOST, STOLEN, OR SEVERELY DAMAGED POLICY</b>	<p>Removable prosthodontic services are provided at considerable program expense. Wisconsin Medicaid does not intend to repeatedly replace lost, severely damaged, or stolen prostheses. PA requests for lost, severely damaged, or stolen prostheses are only approved when:</p> <ul style="list-style-type: none"> <li>- The recipient has exercised reasonable care in maintaining the denture.</li> <li>- The prosthesis was being used up to the time of loss or theft.</li> <li>- The loss or theft is <i>not</i> a repeatedly occurring event.</li> <li>- A reasonable explanation is given for the loss or theft of the prosthesis.</li> <li>- A reasonable plan to prevent future loss is outlined by the recipient or the facility where the recipient lives.</li> </ul>
<b>HEALING PERIOD AFTER A TOOTH EXTRACTION</b>	<p>The DHFS requires a minimum of six weeks healing after the last tooth extraction occurs before a final impression is made.</p> <p><i>A PA request for dentures can be approved before all teeth are removed. The six-week healing period must still take place. If the six-week waiting period does not take place, payment for dentures is denied or recouped.</i></p>
<b>SHORTER HEALING PERIOD AFTER TOOTH EXTRACTION</b>	<p>A shorter healing period after an extraction may be approved or no healing period may be required if the PA request demonstrates that such approval is appropriate due to medical necessity, an unusual medical condition, that only a few teeth are extracted, or that extracted teeth are in noncritical areas such as the opposing arch.</p> <p>Wisconsin Medicaid may grant a shortened healing period or require no healing period in limited situations for recipients who are employed with job duties that require public contact. In this situation, a statement from the employer indicating the job duties that require public contact must be included in the PA request.</p> <p>To have a shorter healing period, a provider must request the shorter period at the same</p>

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## Appendix 14

### Removable Prosthodontic Services (continued)

time the PA request for dentures is made.

#### EDENTULOUS RECIPIENT

If a recipient has been totally edentulous for more than five years and has never worn a prosthesis, then no denture is ordinarily approved unless the dentist submits:

- A favorable prognosis.
- An analysis of the oral tissue status (e.g., muscle tone, ridge height, muscle attachments, etc.).
- Justification indicating why a recipient has been without a prosthesis.

If a recipient has not worn an existing prosthesis for three years, no new prosthesis will usually be authorized unless unusual mitigating circumstances are documented and verified.

When a recipient has a history of an inability to tolerate and wear a prosthetic appliance due to psychological or physiological reasons, then a new prosthesis will not be approved.

### DENTURE REPAIR/RELINING COVERAGE

#### REPAIR SERVICES

Wisconsin Medicaid requests that dentists use discretion with denture repairs. Old, worn dentures with severely worn teeth or fractures due to age, should be replaced. A PA request with appropriate documentation must be submitted for replacement dentures.

#### RELINING DENTURES

Relining complete and partial upper and lower dentures is limited to once every three years. Six months of post-insertion follow-up care is included in reimbursement for complete and partial dentures and relining complete and partial dentures.

#### COMPLETE DENTURE REPAIRS

Complete denture repairs include:

- Repair of major fractures.
- Repair of broken flanges.
- Replacement of one or two lost denture teeth.

#### PARTIAL DENTURE REPAIRS

Repairs to damaged partial dentures include:

- Repair of fractured flanges.
- Repair of major fractures.
- Replacing a broken clasp with wrought wire clasps.
- Selective repair or addition of teeth.
- Adding teeth and/or a clasp to a partial denture if it makes the denture functional.

#### NONCOVERED REPAIRS

The following repairs are not covered by Wisconsin Medicaid:

- Extensive repairs of marginally functional dentures.
- Repairs to a denture when a new denture would be better for the health of the recipient.

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### Removable Prosthodontic Services

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#### PRIOR AUTHORIZATION

<b>PRIOR AUTHORIZED SERVICES</b>	<i>All removable prosthodontic services, except the repair of a denture, require PA.</i>
<b>MAXILLOFACIAL PROSTHESIS</b>	Palatal lifts prosthesis, obturators for cleft palate, and other maxillofacial prosthesis are covered services with PA. These services should be requested on the PA request in addition to a complete or removable partial denture when clinically appropriate.
<b>INITIAL DENTURES</b>	Providers should note that most PA requests for initial dentures are approved for <i>eligible</i> providers and recipients, <i>unless</i> the recipient cannot function with dentures due to a medical condition.
<b>FULL DENTURES WITH FEW REMAINING TEETH</b>	Wisconsin Medicaid will consider paying for full dentures when a recipient has only one or two remaining teeth per arch if this treatment would maintain proper anchorage and if the denture could be converted to a full denture by a simple repair in the event of tooth loss. The Medicaid dental consultant determines the appropriateness of this situation.
<b>PARTIAL DENTURES</b>	Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP type I or II), and a favorable prognosis where continuous deterioration of periodontal health is not expected. <i>Partial dentures are resin based.</i>

A recipient qualifies for a partial denture if the following criteria are met:

- One or more anterior teeth are missing.
- The recipient has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- A combination of one or more anterior teeth are missing, and recipient has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The recipient can accommodate the partial and properly maintain the partial (e.g., no gag reflex, no potential for swallowing the partial, recipient not severely handicapped).
- AAP Type I or II.
- The recipient requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by health history or physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.
- Good recipient attendance record.

If placement of a partial denture in an arch provides at least two posterior teeth (posterior teeth are bicuspid and molars only) per quadrant in occlusion with the opposing quadrant, then the opposing partial, if requested, would not be authorized unless recipient also has an anterior tooth missing in that arch.

Partial dentures can be granted to recipients needing partials for employment opportunities

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(refer to qualifications for partial).

**DOCUMENTATION** Each PA request for removable prosthesis or relines should explain the individual needs of the recipient, and include the following information:

1. Complete and Partial Dentures.
  - The age of existing prosthesis (if applicable).
  - The date(s) of surgery or edentulation or verification.
  - The adaptability of the recipient. When appropriate, specifically document why a patient is not wearing an existing prosthesis, and why a new prosthesis will eliminate the problem.
  - Speech functions and phonetics documented by a speech therapist.
  - The appropriateness of repairing or relining the existing prosthesis or other alternative service.
  - Occlusal changes as vertical dimension.
  - Any misutilization practice of the recipient.
  - Documented loss or damage of prosthesis requiring replacement, if applicable, and how future loss will be prevented.
2. Partial Dentures
  - Complete periodontal charting and x-rays sufficient to show entire arch in question; the consultant can request additional information such as diagnostic casts on a case-by-case basis.
  - Periodontal status (AAP Type I-V).
  - Oral hygiene status.
  - Attendance record of recipient.
  - Verification that all abscessed or non-restorable teeth have been extracted or are scheduled to be extracted (or the PA request will be returned for extraction dates and appropriate healing period).
  - Verification that all remaining teeth are decay-free or the recipient is scheduled for all restorative procedures.
  - Success potential for proper completion and long-term maintenance of the partial denture.

The DHFS may request additional documentation including a *physician's* statement to verify:

- The medical necessity and appropriateness of the PA request.
- The prosthesis is necessary for proper nourishment and digestion.
- The recipient is physically and psychologically able to wear and maintain the prosthesis.
- The previous dentures have become unserviceable or lost.

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**DOCUMENTATION FOR LOST, STOLEN, OR SEVERELY DAMAGED DENTURES** When submitting a PA request involving a lost, stolen, or severely damaged prosthesis, please give special attention to the need for the prosthesis. The request must include a police report, accident report, fire report, or hospital, nursing home, or group home (community-based residential facility) administrator statement or recipient statement on the loss. Such statements should include how, when, and where the prosthesis was lost or damaged, and what attempts were made to recover the loss and plans to prevent future loss.

**PALATAL LIFT PROSTHESIS DOCUMENTATION** PA requests for palatal lift prostheses must include a speech pathologist's or physician's statement to document that a speech impediment exists.

**MAXILLOFACIAL PROSTHESIS DOCUMENTATION** All maxillofacial prostheses require PA. Maxillofacial prostheses are approved based on medical necessity and appropriateness on a case-by-case basis.

**UPGRADED PARTIAL DENTURES DOCUMENTATION** In response to requests by some dentists for coverage of higher quality partial dentures, Wisconsin Medicaid reimburses dentists for providing upgraded partial dentures. Due to fiscal limitations, and federal and state regulations, the following policy regarding these services has been established:

- PA is always required.
- Reimbursement is at the maximum fee for the "standard" resin-base partial denture.
- Reimbursement must be accepted as payment in full.
- Each dental office that provides the service must have written criteria based on medical necessity to determine who receives the upgraded service.
- The form in Appendix 25 of this handbook must be completed and attached to the Prior Authorization Dental Request Form (PA/DRF) and Prior Authorization Dental Attachment (PA/DA).
- All criteria must be applied consistently to all Medicaid recipients.

*No dentist is under any obligation to provide upgraded partial dentures.*

**TRAUMATIC LOSS OF TEETH FOR RECIPIENTS UNDER AGE 21** When traumatic loss of one or more anterior teeth (tooth numbers 6-11, 22-27) occurs and partial dentures are required, a PA must be submitted.

**BACKDATING PRIOR AUTHORIZATION REQUESTS** Where the service is identified as urgent in character, backdating the PA request to the date the request is received by the fiscal agent may be appropriate.

A request for backdating will be approved only if:

- The PA request specifically requests backdating.
- The clinical justification for beginning the service before PA is included.
- The request is received by the fiscal agent within 14 calendar days of the start of provision of services.



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**BILLING INFORMATION**

**BILLING FOR PARTIAL AND COMPLETE DENTURES** When billing for partial and complete dentures:

- Dentists are required to list the date that the final impressions were taken as the date of service.
- Recipients must be eligible on the date the final impressions are taken in order for the denture service to be covered. Providers will be asked to verify this date through progress notes if eligibility issues arise.

**REIMBURSEMENT FOR REPAIRS** Wisconsin Medicaid reimburses a maximum amount per recipient, per denture, per six-month period for the repair of partial or complete dentures.

If laboratory costs exceed the maximum reimbursement allowed, dentists may submit a claim or adjustment request with laboratory bills.

**ADDITIONAL INFORMATION**

In addition to this summary, refer to:

- The preceding pages for a complete listing of Medicaid-covered removable prosthodontic services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.